STATEMENT OF

FORM 1	ORGANIZ (See instruction			015
1. NAME OF COMMITTEE (in	(Check if name	Example: If typying, type over the lines	12FE4M5	Office use only
APOLLO GRO		TION FOR LEGISLATIVE	LEADERSHIP	
(Check if address is changed)	MS CF-KX13 Phoenix		LAZ L	85040
		CITY▲	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MA (Check if address is changed)	L ADDRESS (Please provide only one e ruth.broos@apollog			
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)				
2. DATE 0.9				
3. FEC IDENTIFICA4. IS THIS STATEM		C C00309781 AMENDED (A)		
I certify that I have exami	ned this Statement and to the best of my kn Treasurer Ruth F Broos	owledge and belief it is true, correc	t and complete	
Signature of Treasurer	Electronically Filed by Ruth F B	roos	Date 09	17 / 2009
NOTE: Submission of fa	lse, erroneous, or incomplete information ma	ay subject the person signing this S	•	
Office Use Only		For further information Federal Election Communication Toll Free 800-424-953	nission	FEC FORM 1 (Revised 02/2009)